POC Accepted
June 7, 2022
Debbie Freeman, RN
Debra Freeman, RN

McClellan Senior Living

Facility Identification Number: D0812

Name of Administrator: Kelly Rosenberger

Survey Exit Date: 5/25/2022

Plan of Correction

Administrator's Signature: Kelly Rosenberger

1. A 508 420.5.4-.05 (3) (h) Records and Reports.
   This Rule is not met as evidenced by: Based on interviews and record reviews, the administrator failed to report an incident of suspected resident abuse to the Department's Online Incident Reporting System (OIRS) within 24 hours of the incident.
2. Corrective Actions Taken: Resident has been discharged from the community.
3. Steps Facility took to Identify other Concerns:
   There have been no other investigations related to abuse, neglect or exploitation.
4. Measures taken to ensure the deficiency will not recur:
   a. EI#1 reviewed and retrained on Policy 03-01 Allegations of Resident Abuse, Neglect, and Exploitation. 5/31/2022
5. Monitor for Proposed Corrective Action:
   Administrator will review and initial all reports and investigations to ensure any suspected, alleged, confessed or witnessed abuse of a resident is reported to the proper authorities/agencies beginning 5/31/2022 and ending 8/31/2022.
   Documentation of these report and investigation reviews will be kept in the Plan of Correction Binder in the Administrators office. 8/31/2022

1. A 611 420-5-4-.06 (4) (a) (b) Personal Care and Services.
   The facility failed to update the Resident Service Plans (RSP) with new problems and failed to include appropriate interventions to address them
2. Corrective Actions Taken:
   On 5/25/2022, Administrator reviewed and updated RSP with appropriate interventions to meet the care needs of RI#1.
3. Steps Facility took to Identify other Concerns:
   Administrator conducted a 100% resident chart audit to identify any residents needing care plan updates to include any new diagnosis and appropriate interventions. Any residents with RSP that did not include new diagnosis and interventions were updated accordingly. Copies of the new RSP were placed in the resident record and on the MAR for staff reference. (5/27/2022)
4. Measures taken to ensure the deficiency will not recur:
   a. EI#1 provided Inservice training on 5/27/2022 with the EI#2 regarding updating RSP's with new diagnosis and appropriate care plan interventions.
5. Monitor for Proposed Corrective Action:
   a. Administrator will conduct monthly chart audits on 50% of all residents for 3 months, beginning 6/2022 and ending 8/31/2022, to review the residents medical plan of care and all MD orders to ensure that resident care plans reflect any new diagnosis and appropriate interventions for those diagnosis.
   b. Documentation of monthly chart audits will be kept in the Plan of Correction Binder in the Administrators office. 8/31/2022